WITHHOLDING TAX QUESTIONNAIRE

Instructions: Please complete the questionnaire in its entirety. Please clearly print or type all information. Email notifications will be sent to the email address stated on the form (if requested). Questions can be directed to the tax department at the contact information below.

Legal name of business _____

Business mailing address _____

City/State/Zip _____

Federal ID number (FEIN) _____

Contact person _____

Telephone number _____ Extension _____

Contact email address _____

Effective date of withholding _____

Frequency Monthly_____ (Required if tax due is greater than $2,400 annually)
(Due on or before the 15th day of the following month)

Quarterly_____ (Allowable if tax due is less than $2,400 annually)
(Due end of the month following close of quarter)

Would you like withholding coupons emailed to you? Yes_____ No_____

Would you like for us to email your account number? Yes_____ No_____

Is this a courtesy withholding account? Yes_____ No_____

If you are withholding only as a courtesy for employees who reside in Tipp City, **please list name and address of employee below**. (Please use the State of Ohio's "The Finder" to verify that the employee's address is subject to Tipp City municipal income tax.) https://thefinder.tax.ohio.gov/StreamlineSalesTaxWeb/AddressLookup/LookupByAddress.aspx?taxType=Municipal

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